

State of Idaho Employment Application

Division of Human Resources, PO Box 83720, 700 W. State St., Boise, Idaho 83720-0066

PLEASE NOTE: Complete all parts of the application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Announcement Number	Position Title (Job for which you are applying)
---------------------	---

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Home Phone	Message Phone
E-mail Address	May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information	
Are you a current, classified, State of Idaho employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration). ** Yes <input type="checkbox"/> No <input type="checkbox"/>	
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ** Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? ** Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain:	
** These questions must be answered in order to be considered for employment with the State of Idaho	

Education (Schools attended after High School or special training received)			
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	

Hiring is done without regard to race, color, religion, national origin, sex, age or disability. In addition, preference may be given to veterans who qualify under state and federal laws and regulations.

Work History

Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving?				

Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving?				

Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leaving?				

How did you find out about this position?

A State Employee <input type="checkbox"/>	Career Fair <input type="checkbox"/>	DHR website <input type="checkbox"/>	Idaho Works <input type="checkbox"/>	Job Service <input type="checkbox"/>
Monster.com <input type="checkbox"/>	Newspaper Ad <input type="checkbox"/>	Other Internet Source <input type="checkbox"/>	Prof. Organization website <input type="checkbox"/>	Radio/TV Ad <input type="checkbox"/>
	Recruiter <input type="checkbox"/>	University/College <input type="checkbox"/>	None of the above <input type="checkbox"/>	

Job Type/Shift

Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	6 Month <input type="checkbox"/>
9 Month <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Limited Service <input type="checkbox"/>	Shift <input type="checkbox"/>	Night <input type="checkbox"/>

Signature	Date
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the State terminated.	

VETERAN'S PREFERENCE FORM VP-1

If you are requesting veteran's preference points, please include this form with each application.

Idaho law provides veteran's preference points for residents of Idaho who:

- Have been in active service in the armed forces of the United States during a recognized war period or other recognized conflict as defined by federal law. OR
- Are disabled veterans who served on active duty in the armed forces at any time. OR
- Are widows or widowers of such individuals and who have not remarried. OR
- Are qualifying spouse of an eligible disabled veteran who is physically unable to perform the work in the position to which the spouse seeks to apply the preference.

GENERAL ELIGIBILITY

1. Were you or your spouse discharged under honorable conditions? YES ☐ NO ☐
2. Are you a resident of the state of Idaho? YES ☐ NO ☐

If you answered NO to either of the above questions, you are not eligible for preference points.

VETERANS PREFERENCE POINTS

To determine your eligibility for veteran's preference points, please complete the applicable section(s). (Preference points are used only for the initial appointment and not for promotion.) If you are submitting supporting documentation such as a death certificate or letter from physician, you will need to submit this prior to the closing date on the announcement.

SECTION ONE: WAR ERA VETERANS

Are you a war era veteran or do you have an Armed Forces Expeditionary or Campaign Medal as shown on your DD Form 214? If yes, please check the appropriate box or boxes listed below:

RECOGNIZED WAR PERIODS

World War II	12/07/41 to 12/31/46	<input type="checkbox"/>
Korean Conflict	06/27/50 to 01/31/55	<input type="checkbox"/>
Served in Vietnam	02/28/61 to 08/04/64	<input type="checkbox"/>
Vietnam Conflict	08/05/64 to 05/07/75	<input type="checkbox"/>
Persian Gulf War	08/02/90 to (date not yet proclaimed) or	<input type="checkbox"/>

☐ Any armed forces Expeditionary or Campaign Medal as shown on your DD Form 214 is qualifying for veteran's preference.

SECTION TWO: DISABLED VETERANS

1. Have you served on active duty in the armed forces at any time, and do you have a present service-connected disability of 10% or more? YES ☐ NO ☐

SECTION THREE: SPOUSES OF DISABLED VETERANS

Are you a spouse of an eligible disabled veteran?

YES ☐

NO ☐

If yes, is your spouse physically unable to perform the work in this position due to the disability?

YES ☐

NO ☐

If yes, a letter from a physician verifying the disabled veteran's inability to perform the work is required when seeking this preference. If you are submitting supporting documentation such as a death certificate or letter from physician, you will need to submit this prior to the closing date on the announcement.

SECTION FOUR: WIDOWS OR WIDOWERS OF WAR ERA OR DISABLED VETERANS

Are you a widow or widower of a war era veteran, and have you remained unmarried?

YES ☐

NO ☐

Are you a widow or widower of a disabled veteran and have you remained unmarried?

YES ☐

NO ☐

If yes to one of the above, you will be required to submit a copy of the death certificate. If you are submitting supporting documentation such as a death certificate or letter from physician, you will need to submit this prior to the closing date on the announcement.

STATE EMPLOYMENT STATUS

Please list all Idaho state agencies where you or your spouse have worked since your spouse's discharge:

If you have any questions regarding veteran's preference points, please call the Division of Human Resources at 208-334-2263.

Name (Please Print)

Signature

Social Security Number

Date

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, my name removed from consideration or my employment with the state terminated.